

CANDIDATE INFORMATION REQUEST FORM

ELECTION DATE: _____

CANDIDATE PLEASE PRINT ALL INFORMATION

Name (as registered):		DATE:
Residence Address:		
Mailing Address:		
Day Phone: ()	Evening Phone: ()	Mobile Phone: ()
Email:		
Office & Jurisdiction:		

The Office of the Registrar of Voters compiles a complete listing of all candidates in an election for public reference. Please print in the box below the information you would like to appear on our public list. If no information is entered below, all information entered in the box above will appear on our public list.

Name as to appear on Nomination documents:		Date:
Residence (address, city & zip):		
Mailing (address, city & zip):		
Day Phone: ()	Evening Phone: ()	Mobile Phone: ()
Email:		

FOR OFFICE USE ONLY

Contest #:	Candidate #:	Filing Date:	
Affidavit #:		District Code:	Precinct #:
Registration Date & Party:		Previous Reg. Date & Party (only Primary Election):	